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CONFIRMATION NO. 8396

|                             |                                       |              |                        |                                 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/785,677 | FILING DATE<br>02/24/2004<br><br>RULE | CLASS<br>358 | GROUP ART UNIT<br>2626 | ATTORNEY<br>DOCKET NO.<br>10361 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

APPLICANTS

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 Jeffrey C. Blood, Webster, NY;

\*\* CONTINUING DATA *yes (mw)* \*\*\*\*\*  
 This appln claims benefit of 60/459,119 03/31/2003

\*\* FOREIGN APPLICATIONS *None (mw)* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 05/15/2004

|  |                           |                         |                       |                            |
|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and<br>Acknowledged<br>Allowance<br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>21 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>4 |
|--|---------------------------|-------------------------|-----------------------|----------------------------|

ADDRESS  
 MARK G BOCCHETTI  
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 343 STATE STREET  
 Rochester, NY  
 14650-2201

TITLE  
 Post rip image rendering in an electrographic printer using density patch feedback

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>928 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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